

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A-S	943	8-7-1
RESPONSE FORMALITY REVIEW	LS	JC906	02 21 02

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	3/24/10
2	3/24/10
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Claim	Date
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Claim	Date
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150	3/24/10

If more than 150 claims or 10 actions  
staple additional sheet here

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